

DEPARTMENT OF HEALTH
State Board of Examiners for Nursing Facility Administrators

P.O. Box 632
Sioux Falls, SD 57101-632
Phone: 605/331-5040
doh.sd.gov/boards/nursingfacility

October 2008

MEMORANDUM

TO: Licensed Nursing Facility Administrators
FR: Joyce M. Vos, Executive Secretary
RE: Licensure Renewal & Pertinent Information
Enc: Biennial Licensure Renewal Form

RENEWAL INFO

Enclosed please find your Application for Renewal of License for 2009 and 2010. Please note there is NO allowance for late renewals. Late renewal jeopardizes your license. We ask that you fully complete the form with the requested information so as not to delay your renewal. Do NOT wait until the last week of December. **ALLOW 2 WEEKS FOR PROCESSING.** A license is mandatory to practice in SD.

BIENNIAL RENEWAL – Address Corrections

Since there are two years between renewal mailings, the office needs to know about your address change when it occurs. Without notification of your current address, we cannot be responsible for returned renewal notices or other timely mailings.

CONTINUING EDUCATION

As you know, 40 hours of approved continuing education is required by December 31 of every even numbered year. You must record your program information on the enclosed renewal form. Do not send your certificates at this time. You may be requested to do so should a question arise. Acceptable proof will be verification of attendance forms documenting your name, program name, approved sponsor, date, and number of hours earned; or a copy of your college transcripts documenting the appropriate coursework you are claiming as CE. The reverse side of this memo explains the continuing education requirements (refer to Rule 20:49:08:03).

INACTIVE STATUS / REINSTATE

New Administrative Rules effective January 1, 2001, allows an Inactive Status and Reactivation of an Inactive license (refer to Rule 20:49:08:02).

CERTIFIED PRECEPTORS

If you are a Certified Preceptor and wish to continue for two more years, you must read and follow the Board's Manual, read and sign the enclosed agreement, and return it with your licensure renewal form. You will receive a new laminated Preceptor card.

If you are not a Certified Preceptor and wish to be, call or email the office for the Preceptor Application.

WEBSITE

Feel free to visit the Board website anytime at: <http://doh.sd.gov/boards/nursingfacility/>
Our email address is: sdnha.msp@midconetwork.com

PERTINENT ADMINISTRATIVE RULES

20:49:07:01. Display of licenses. Each person licensed as a nursing facility administrator shall display his license and certificates of annual renewal in a conspicuous place in his office or place of business.

20:49:08:01. Application for renewal. Every person who holds a valid license as a nursing facility administrator issued by the board shall apply biennially by December 31 of even-numbered years to the secretary-treasurer of the board for a renewal of the license and report any information requested by the board on forms provided for the purpose. A nursing facility administrator whose license has expired may apply to the board for renewal of the license upon submitting evidence of having met continuing education requirements. The nursing facility administrator shall report any information requested by the board on forms provided for that purpose. A nursing facility administrator need not be actively practicing as a nursing facility administrator to be eligible to renew the license.

20:49:08:02. Inactive status -- Reactivation. The fee for inactive status is \$75. A licensed nursing facility administrator may reactivate the license pursuant to SDCL [36-28-18.2](#). The required fee is the amount of the licensure fee prorated to the next biennial renewal date. To satisfy the continuing education requirement, the nursing facility administrator shall provide evidence of 20 hours of approved continuing education earned within the past 12 months.

20:49:08:03. Continuing education requirements. A minimum of 40 clock hours of continuing education is required biennially for renewal of license. All continuing education courses must have prior approval by the National Association of Boards of Examiners for Nursing Home Administrators, the South Dakota State Board of Examiners for Nursing Home Administrators, or another state licensing board for nursing facility administrators. The board may accept academic courses pertaining to health care or business administration offered through an accredited higher education institution and earned as college credit.

20:49:08:04. Criteria for continuing education course approval. To receive board approval, continuing education courses as described in § 20:49:08:03 must pertain to health care or to business administration.

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Application for Biennial Renewal of License for 2009-2010
Renewal process must be completed by DECEMBER 31, 2008

License Renewal Fee = \$150, Renewal fee must accompany application for renewal

Serial No. _____ Registration No. _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

HOME PHONE: _____ WORK PHONE: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

FACILITY / EMPLOYMENT NAME: _____

FACILITY / EMPLOYMENT ADDRESS: _____

I practice as: Full-time / Part-time (*circle one* – for Dept of Labor statistics)

Are you currently in default of child support payments? _____YES _____NO _____Not applicable
(*check one*)

Have you ever been convicted of, pled guilty or no contest to, any offense that could have resulted in incarceration for more than year? _____YES _____NO _____Not applicable (*check one*)

If you hold another state's nursing facility administrator's license, have you had any disciplinary action taken against that license since 2006? _____YES _____NO _____Not applicable (*check one*)

In Accordance With SDCL 22-29-1:

"I declare and affirm under the penalties of perjury that this application and continuing education report has been examined by me, and to the best of my knowledge and belief, is in all things true and correct." Any person who signs such statement knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury.

Signature _____

Date _____

Continue to Reverse side

South Dakota Board of Examiners for Nursing Facility Administrators

REPORT CONTINUING EDUCATION EARNED IN 2007-2008

FORTY (40) hours of approved continuing education in accordance with ARSD 20:49:08:03 is required to retain your Administrator license.

Continuing Education Conversion Table:

1 C.E.U. (if correctly used) = 10 Credit or Contact Hours

1 Academic/College Credit = 15 Credit or Contact Hours

Program Date	Program Name	Approved Sponsor (<u>only</u>)	Approved Hours

Do NOT send any proof of attendance until contacted to do so for auditing purposes.

Please make a copy of both sides of this renewal form for your own file.

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For Certified Preceptors ONLY

**AGREEMENT BETWEEN the SD BOARD OF EXAMINERS FOR
NURSING FACILITY ADMINISTRATORS and
CERTIFIED PRECEPTORS**

"I have read the S.D. Certified Preceptor Manual. I understand all the Characteristics of the Administrator-In-Training (AIT) and Emergency Permit Holder (EPH). I understand and agree to all the Requirements of being a Certified Preceptor for an AIT or EPH. I will be a thorough, responsible, and valuable mentor/preceptor."

"With this understanding, please send my 2009-2010 Certified Preceptor card."

Signature _____ Date _____

Please return this signed Agreement with your Licensure Renewal form if you are interested in being a Certified Preceptor for another two years.